Case 17-23126-CMB Doc 25 Filed 09/06/17 Entered 09/06/17 17:34:59 Desc Main Document Page 1 of 36

ill in this information to identify the case and this	filing:
Debtor Name MSAMN Corp.	
United States Bankruptcy Court for the: Western	District of PA
Case number (If known): 17-23126	,,

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct;

X	Schedule A/B: Assets-Real and Per	sonal Property (Official Form 206A/B)
X	Schedule D: Creditors Who Have Cl	aims Secured by Property (Official Form 206D)
X	Schedule E/F: Creditors Who Have	Unsecured Claims (Official Form 206E/F)
Y	Schedule G: Executory Contracts an	d Unexpired Leases (Official Form 206G)
X	Schedule H: Codebtors (Official Form	n 206H)
х	Summary of Assets and Liabilities fo	r Non-Individuals (Official Form 206Sum)
	Amended Schedule	
X	Chapter 11 or Chapter 9 Cases: List	of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
	Other document that requires a declar	aration
l de	clare under penalty of perjury that the	foregoing is true and correct.
Exe	cuted on 09/06/2017	✗ /s/ Prasad Maragabandhu
	MM / DD / YYYY	Signature of individual signing on behalf of debtor
		Prasad Maragabandhu
		Printed name
		President
		Position or relationship to debtar

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Fill in this information to identify the case:	
Debtor name MSAMN Corp.	
United States Bankruptcy Court for the: WesternDistrict of PA	
Case number (if known): 17-23126	
	Check if this is an amended filing
	amonasa ming
Official Form 206Sum	
Summary of Assets and Liabilities for Non-Individuals	12/15
Part 1: Summary of Assets	
Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)	
1a. Real property:	FOF 000 00
Copy line 88 from Schedule A/B	\$_565,000.00
1b. Total personal property:	0.00
Copy line 91A from Schedule A/B	\$_0.00
1c. Total of all property:	\$ 565,000.00
Copy line 92 from Schedule A/B	
Part 2: Summary of Liabilities	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$ 544,999.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	\$ 0.00
Copy the total claims from Part 1 from line 5a of Schedule E/F	
3b. Total amount of claims of nonpriority amount of unsecured claims:	+ \$ 0.00
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	
4. Total liabilities	\$_544,999.00
Lines 2 + 3a + 3b	Ψ_0-1-1,000.00

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Fill in this information to identify the case:	and the second second	
Debtor name MSAMN Corp.		
United States Bankruptcy Court for the: Western Case number (If known): 17-23126	District of PA (State)	D objectively:
Case number (if known):		Check if this i amended filin

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part I through Part 11 list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once, in valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form,

debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in	this form.
Part 1: Cash and cash equivalents	
1. Does the debtor have any cash or cash equivalents?	
No. Go to Part 2.	
Yes. Fill in the information below.	
All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
2. Cash on hand	\$
3. Checking, savings, money market, or financial brokerage accounts (Identify all)	e en
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number	THE PROPERTY OF THE PROPERTY O
3.1	\$\$
4. Other cash equivalents (Identify all)	Hank Kristina Andrea
4.1.	\$
4.2.	\$
5. Total of Part 1	\$ 0.00
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.	
	The second secon
Part 2: Deposits and prepayments	
6. Does the debtor have any deposits or prepayments?	TO AND A PROPERTY OF A PARTY OF A
No. Go to Part 3.	Constitution of the Consti
Yes. Fill in the information below.	Current value of
	debtor's interest
7. Deposits, including security deposits and utility deposits	P. C.
Description, including name of holder of deposit	Ti est control de la control d
7.1.	\$
7.2	\$

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Debt		Эогр.		Case number (if known)	17-23126
	Name				
8. Pr	repayments, including	prepayments on executo	ery contracts, leases, insurance, tax	xes, and rent	1000
	escription, including name o			·	
					\$
					 \$
	otal of Part 2.				\$0.00
A	dd lines 7 through 8. Cop	y the total to line 81.			
Part	3. Accounts recei	ivable		·	
10. [Does the debtor have a	ny accounts receivable?		<u> </u>	
(No. Go to Part 4.				
(Yes. Fill in the inform	ation below.			
					Current value of debtor's
					interest
11. /	Accounts receivable	e e			
1	11a. 90 days old or less:		-	=→	\$
	- -	face amount	doubtful or uncollectible accour	nts	
1	11b. Over 90 days old:	face amount	doubtful or uncollectible accour	<u> </u> →	\$
		face amount	goubitut or uncollectible accour	nis	
12. 7	Total of Part 3				\$ 0.00
(Current value on lines 11	a + 11b = line 12. Copy the	e total to line 82.		Ψ
Part	4: Investments				
13. [Does the debtor own ar	v investments?			
	No. Go to Part 5.	•			
(Yes, Fill in the inform	ation below.			
				■Valuation meth	od Current value of debtor's
				used for currer	nt value : interest
14. N	Mutual funds or public!	y traded stocks not inclu	ided in Part 1		
	ame of fund or stock:				
				 	
14	4.2.				\$
15. N	Non-publicly traded sto including any interest in	ock and interests in incor n an LLC, partnership, or	rporated and unincorporated busin r joint venture	esses,	
N:	ame of entity;	· · · · · · · · · · · · · · · · · · ·	% of ownersh	nip:	
	•			·	\$
			<u></u> %		
16. C	Government bonds, co instruments not include	rporate bonds, and other ed in Part 1	negotiable and non-negotiable		
	escribe:		•		
16	6.1,				\$
			· · · · · · · · · · · · · · · · · · ·		\$
17. 1	Total of Part 4				s 0.00

Add lines 14 through 16. Copy the total to line 83.

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Debtor	MSAMN Corp.	Document	Page 5 01 30 Case number (if known) 17-23126

	1153 Inventory, excluding agricultu	ire assets	<u> </u>	·	
18.	Does the debtor own any inventory (exc	luding agriculture assets	s)?		
	No. Go to Part 6.				
	Yes. Fill in the information below.				
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials			50. 70% was strong to the control of	E SCHOOL (1871-1971-1971-1971-1971-1971-1971-1971-
	·	MM / DD / YYYY	\$		\$
20.	Work in progress	/ 20/ / / /			
		MM /DD/YYYY	\$		\$
21	Finished goods, including goods held fo			· · · · · · · · · · · · · · · · · · ·	
۷.	r maned goods, moduling goods held to	•	ø		\$
00		MM / DD / YYYY	Φ		Ψ
22.	Other inventory or supplies				e e
		MM / DD / YYYY	\$		\$
23.	Total of Part 5				\$ 0.00
	Add lines 19 through 22. Copy the total to li	ne 84.	•		\$
24	Is any of the property listed in Part 5 per	ishahie?			To the same of the
	☐ No	,		•	
	☐ Yes				
25.	Has any of the property listed in Part 5 b	een purchased within 20	days before the bank	ruptcy was filed?	
	□ No				Partition
	Yes. Book value				e in a common and
26.	Has any of the property listed in Part 5 b No Yes	een appraised by a profe	essional within the last	t year?	
Pai	t 6: Farming and fishing-related as	ssets (other than title	ed motor vehicles a	nd land)	
27.	Does the debtor own or lease any farmin	g and fishing-related as:	sets (other than titled r	motor vehicles and land)?	
	No. Go to Part 7.			•	
	Yes. Fill in the information below.				
	General description		Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
			(Where available)		
28.	Crops—either planted or harvested	•			
	Parameter de Constant de la laceta de laceta de la laceta de laceta de la laceta de laceta de laceta de la laceta de laceta delaceta de laceta de laceta delaceta delaceta delaceta de laceta delaceta delaceta de laceta delaceta		Φ		\$
29.	Farm animals Examples: Livestock, poultry	r, tarm-raised tish			
			\$		\$
30.	Farm machinery and equipment (Other to	nan titled motor vehicles)			
			\$		\$
31.	Farm and fishing supplies, chemicals, an	ıd feed			
	•		\$		\$
32.	Other farming and fishing-related proper	ty not already listed in P	art 6		
		•	\$		S

	Case	17-23126-CMB	Doc 25 Filed 09		09/06/17 17:34:59	9 Desc Main
		MSAMN Corp.	Documer	J	47 00400	
De	ebtor	Name		Cas	se number (if known) 17-23126)
33	Total of F	ort C				
<i>3</i> 3.		28 through 32. Copy the	total to line RE			\$_0.00
34.		btor a member of an agr	icultural cooperative?			
	ĭ No ☐ Yes. I	s any of the debtor's prop	erty stored at the cooperative?			
) 	No Ces				
35.			Part 6 been purchased within	1 20 days before the bank	runtey was filed?	
	⊠ No		,	, we day a boto to the ballin	rapicy was mea:	
		Rook value \$	Valuation method	Current value	o	
36			ble for any of the property lis		φ	
50.		sciation schedule avalla	one for any of the property his	sted in Part 6?		
	No No Yes					
37.		of the property listed in I	Part 6 been appraised by a p	rofessional within the lac	t voor?	
	⊠ No	·	-it is about apprimition by a p	occasional William (de las	t year :	
	Yes			e e		
	163				·	,
	\$ 12 ⁸ 5.78					
Pai	t 74 Off	fice furniture, fixture	s, and equipment; and co	llectibles		
38.	Does the	debtor own or lease any	office furniture, fixtures, eq	uipment, or collectibles?		
	No. G	o to Part 8.				
		ill in the information below	ı			
			••			
	General de	escription		Net book value of	Valuation method	Current value of debtor's
140				debtor's interest	used for current value	interest
70				(Where available)		
39.	Office fur	niture				
				_ \$		\$
4 ∩	Office fixt	IIroe				Ψ
∓ Ų.	OHICE HAL					
-				_ \$		\$
41:	Office equ	uipment, including all co cation systems equipme	mputer equipment and nt and software			
_						\$
	artwork; bo	ooks, pictures, or other art	d figurines; paintings, prints, o objects; china and crystal; sta ollections, memorabilia, or colle	mp. coin.		
						\$
4						\$
4	12,3					\$
43	Total of Pa					¥
		is through 42. Copy the to	tal to line 86.			\$ <u>0.00</u>

⊠ No ☐ Yes

44. Is a depreciation schedule available for any of the property listed in Part 7?

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Deb

MSAMN	Согр.
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otor	MSAMN Corp.	Case number (# known) 17-23126

46. D	oes the debtor own or lease any machinery, equipment, or vehic	cles?		
X	No. Go to Part 9.	•		
	Yes. Fill in the information below.			
Inc	ineral description slude year, make; model, and identification numbers (i.e., VIN, \(\) or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
	utomobiles, vans, trucks, motorcycles, trailers, and titled farm v	ehicles		
	1			
				\$
	2			\$
	3			\$
47.	4	\$		\$
tra	atercraft, trailers, motors, and related accessories Examples: Bo nilers, motors, floating homes, personal watercraft, and fishing vesse	ls [']		\$
48.	•	•		\$
	rcraft and accessories	\$		\$
49.2	<u> </u>	\$		\$
50. Ot m a	ther machinery, fixtures, and equipment (excluding farm achinery and equipment)			
		\$		\$
:1 Ta	tal of Part 8.		•	
	Id lines 47 through 50. Copy the total to line 87.			\$ 0.00
	and the transfer of the total to fine of the			
X	a depreciation schedule available for any of the property listed No Yes	in Part 8?		
Ш				

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0-	h&~~
116	ntor

MSAMN	Corp.
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MSAMN Corp		
Name	 	•

17-23126 Case number (# known)

	Does the debtor own or lease any real proper	ty?			
	No. Go to Part 10.				
	Yes. Fill in the information below.				
55 .	Any building, other improved real estate, or la Description and location of property	ind which the debto Nature and extent of debtor's interest	Net book value of	debtor has an interest Valuation method used for current value	Current value of debtor's interest
-	Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building). If available.	in property	(Where available)	TOT CUTTETH VALUE :::	depitor 5 interests
	55.1 834 Washington Rd. Pgh. PA 15228	fee simple	\$ n/a	tax assessment	\$ 565000.00
	55.2 210 Birch Ave., Pgh. PA 15228	fee simple	sn/a	tax assessment	\$119300.00
	55.3		\$		\$
	55.4		\$	-	\$
	55.5		\$		\$
	55.6		\$		\$
	Total of Part 9. Add the current value on lines 55.1 through 55.6	and entries from any	additional sheets. Copy	the total to line 88.	\$ 684,300.00
58.	 Yes Has any of the property listed in Part 9 been a No Yes 	ppraised by a profes	ssional within the last	year?	
Pari	10: Intangibles and intellectual proper	ty			
		_	manufu?		
59.	10: Intangibles and intellectual proper Does the debtor have any interests in intangib ☑ No. Go to Part 11.	_	roperty?		
59.	Does the debtor have any interests in intangib	_	roperty?		
59.	Does the debtor have any interests in intangib ☑ No. Go to Part 11.	_	Net book value of debtor's interest	Valuation-method used for∉current value	Current value of debtor's interest
59.	Does the debtor have any interests in intangible No. Go to Part 11. Yes. Fill in the information below.	oles or intellectual pi	Net book value of	DESCRIPTION OF THE PROPERTY OF	and the control of th
59. 60.	Does the debtor have any interests in intangib No. Go to Part 11. Yes. Fill in the information below. General description	oles or intellectual pi	Net book value of debtor's interest	DESCRIPTION OF THE PROPERTY OF	and the control of th
69. 60.	Does the debtor have any interests in intangib No. Go to Part 11. Yes. Fill in the information below. General description Patents, copyrights, trademarks, and trade sec	oles or intellectual pi	Net book value of debtor's interest	DESCRIPTION OF THE PROPERTY OF	and the control of th
59. 60. 61.	Does the debtor have any interests in intangible No. Go to Part 11. Yes. Fill in the information below. General description Patents, copyrights, trademarks, and trade second	oles or intellectual process	Net book value of debtor's interest	DESCRIPTION OF THE PROPERTY OF	and the control of th
59. 60. 61.	Does the debtor have any interests in intangib No. Go to Part 11. Yes. Fill in the information below. General description: Patents, copyrights, trademarks, and trade second terms of the company of	oles or intellectual process	Net book value of debtor's interest	DESCRIPTION OF THE PROPERTY OF	and the control of th
59. 60. 61. 63.	Does the debtor have any interests in intangib No. Go to Part 11. Yes. Fill in the information below. General description. Patents, copyrights, trademarks, and trade second trade seco	oles or intellectual process	Net book value of debtor's interest	DESCRIPTION OF THE PROPERTY OF	and the control of th

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D	ebtor MSAMN Corp.	Case number (# known) 17-23126	
	Name		
67	. Do your lists or records include personally identifiable information ☑ No	n of customers (as defined in 11 U.S.C. §§ 101(41	A) and 107)?
68	☐ Yes Is there an amortization or other similar schedule available for any ☑ No	of the property listed in Part 10?	
00	☐ Yes		
69	Has any of the property listed in Part 10 been appraised by a profe No Yes	ssional within the last year?	
Pa	rt 11: All other assets		
70.	Does the debtor own any other assets that have not yet been repo	rted on this form?	
	Include all interests in executory contracts and unexpired leases not pre		
	No. Go to Part 12.		
	Yes. Fill in the information below.		Current value of
		•	debtor's interest
71.	Notes receivable		
	Description (include name of obligor)	= →	\$
	Total face	amount doubtful or uncollectible amount	·
72.	Tax refunds and unused net operating losses (NOLs)		
	Description (for example, federal, state, local)		
		Tax year	\$
		Tax year	\$
		Tax year	\$
73.	Interests in insurance policies or annuities		
74.	Causes of action against third parties (whether or not a lawsuit has been filed)		\$
	Nature of claim		\$
	Amount requested \$		
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims		
	Nature of claim		\$
	Amount requested \$		
76.	Trusts, equitable or future interests in property		
77.	Other property of any kind not already listed Examples: Season tick country club membership	ets,	\$
		•	\$
-			\$
78.	Total of Part 11. Add lines 71 through 77. Copy the total to line 90.		\$_0.00
79.	Has any of the property listed in Part 11 been appraised by a profes ☐ No ☐ Yes	ssional within the last year?	

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Debtor

MSAMN Corp.

Case number (if known) 17-23126

Part 12: Summary	
In Part 12 copy all of the totals from the earlier parts of the form.	
Type of property	Current value of Gurrent value personal property of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ <u>0.00</u>
81. Deposits and prepayments. Copy line 9, Part 2.	\$0.00
82. Accounts receivable. Copy line 12, Part 3.	\$ <u>0.00</u>
83. Investments. Copy line 17, Part 4.	\$
84. Inventory. Copy line 23, Part 5.	\$ <u>0.00</u>
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$
88. Real property. Copy line 56, Part 9.	\$_684300.00
89. Intangibles and Intellectual property. Copy line 66, Part 10.	\$ 0.00
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00
91. Total. Add lines 80 through 90 for each column	\$ 0.00 + 91b. \$ 684300.00

92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.

684300.00

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Fill in this in	formation to identify	the case:	
Debtor name	MSAMN Corp.		
	Bankruptcy Court for the:	Western	District of PA
Case number	(If known): 17-2312	6	(State)

Check if this is an amended filing

Official Form 206D

e as complete and accurate as possible.			
Do any creditors have claims secured by de ☐ No. Check this box and submit page 1 of th ☐ Yes. Fill in all of the information below.	btor's property? is form to the court with debtor's other schedules. Debtor I	nas nothing else to repor	t on this form.
rt 1: List Creditors Who Have Secur	ed Claims		
List in alphabetical order all creditors who h secured claim, list the creditor separately for ea	ave secured claims. If a creditor has more than one ich claim.	Column A: Amount of claim Do not deduct he value of collateral.	Column B Value of collatera that supports this claim
Creditor's name	Describe debtor's property that is subject to a lien	or control	- Gibini
Regions Bank	- 834 Washington Rd. Pgh PA 15228	\$ 268,000.00	s 565,000.00
Creditor's mailing address c/o Christopher M. McMonagle, Esq. Stern & Eisenerg PC			*
1581 Main St., Warrington PA 18976	Describe the lien First Mortgage		
Creditor's email address, if known	ls the creditor an insider or related party? Ⅺ No ☐ Yes	_	
Date debt was incurred	Is anyone else liable on this claim?		
Last 4 digits of account number	 ☑ No ☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H). 		
Do multiple creditors have an interest in the same property? No	As of the petition filing date, the claim is: Check all that apply.		
Yes. Specify each creditor, including this creditor, and its relative priority.	☐ Contingent ☐ Unliquidated ☐ Disputed		
Creditor's name	Describe debtor's property that is subject to a lien		
Township of Mt. Lebanon	834 Washington Rd., Pgh PA 15228	s 11,333.00	s 565,000.00
Creditor's mailing address 710 Washington Rd.		_ (φ
Pittsburgh PA 15228	Describe the lien municipal claim		
Creditor's email address, if known	ls the creditor an insider or related party? ☑ No ☐ Yes	-	
Date debt was incurred	Is anyone else liable on this claim?		
Last 4 digits of account number	☑ No ☐ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
☑ No ☑ Yes. Have you already specified the relative priority?	☐ Contingent ☐ Unliquidated ☐ Disputed		
No. Specify each creditor, including this creditor, and its relative priority.			
Yes. The relative priority of creditors is specified on lines			

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Debtor

Case number (if known) 17-23126

att (F. Additional Page		Column A Amount of claim	Column B. Value of collateral ue: that supports this
opy this page only if more space is needed. revious page.	Continue numbering the lines sequentially from the	Do not deduct the val of collateral.	claim
Creditor's name	Describe debtor's property that is subject to a lien		
Mt Lebanon School District	• • •		
Mt Lebanori School District	834 Washington Rd. Pgh. PA 15228	- _{\$} _11,333.00	\$ 565,000.00
Creditor's mailing address			-
7 Horseman Dr.			
Pgh. PA 15228	Describe the lien		
	real property tax	_	
Creditor's email address, if known	Is the creditor an insider or related party? ☑ No ☐ Yes		
Date date and	is anyone else liable on this claim?		
Date debt was incurred Last 4 digits of account	⊠ No		
number	Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
□ No	Contingent		
Yes, Have you already specified the relative priority?	☐ Unliquidated ☐ Disputed		
No. Specify each creditor, including this creditor, and its relative priority.			
Yes. The relative priority of creditors is specified on lines			
	Describe debtor's property that is subject to a lien		
specified on lines	Describe debtor's property that is subject to a lien 834 Washington Rd. Pgh PA 15228	-	e 565.000.00
specified on lines Creditor's name	, , , ,	-\$ 11,333.00 -	\$ 565,000.00
creditor's name Allegheny County Creditor's mailing address	, , , ,	-\$ 11,333.00 -	\$ 565,000.00
creditor's name Allegheny County	, , , ,	- _{\$} 11,333.00 -	\$ 565,000.00
Creditor's name Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219	Describe the lien real property tax claim Is the creditor an insider or related party?	-\$ 11,333.00 -	\$ 565,000.00
Creditor's name Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known	Describe the lien real property tax claim Is the creditor an insider or related party? No Yes Is anyone else liable on this claim?	- \$ <u>11,333.00</u> -	\$ 565,000.00
Creditor's name Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account	Describe the lien real property tax claim Is the creditor an insider or related party? I No Yes	-\$ 11,333.00 - -	\$ 565,000.00
Creditor's name Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the	Describe the lien real property tax claim Is the creditor an insider or related party? ☑ No ☐ Yes Is anyone else liable on this claim?	-\$ <u>11,333.00</u> -	\$ 565,000.00
Creditor's name Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? No	Describe the lien real property tax claim Is the creditor an insider or related party? No Yes Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filling date, the claim is: Check all that apply.	-\$ 11,333.00 - -	\$ 565,000.00
Creditor's name Aliegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? No Yes. Have you already specified the relative	Describe the lien real property tax claim Is the creditor an insider or related party? No Yes Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filling date, the claim is: Check all that apply. Contingent Uniquidated	- <u>\$ 11,333.00</u> -	\$ 565,000.00
Creditor's name Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known	Describe the lien real property tax claim Is the creditor an insider or related party? No Yes Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filling date, the claim is: Check all that apply.	-\$ 11,333.00 -	\$ 565,000.00
Creditor's name Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? No Yes. Have you already specified the relative priority? No. Specify each creditor, including this creditor, and its relative priority.	Describe the lien real property tax claim Is the creditor an insider or related party? No Yes Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filling date, the claim is: Check all that apply. Contingent Uniquidated	-\$ 11,333.00 	\$ 565,000.00
Creditor's name Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? No Yes, Have you already specified the relative priority? No. Specify each creditor, including this	Describe the lien real property tax claim Is the creditor an insider or related party? No Yes Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filling date, the claim is: Check all that apply. Contingent Uniquidated	-\$ 11,333.00 - -	\$ 565,000.00

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Debtor

MSAMN Corp.

Case number (if known) 17-23126

Part 1: Additional Page		Column A Amount of claim Do not deduct the value	Column B Value of collateral that supports this
Copy this page only if more space is needed. C provious page.	Continue numbering the lines sequentially from the	of collateral	claim
3 Creditor's name	Describe debtor's property that is subject to a lien	* - * - #7******************************	Control Court Laboration Court
Citizens Bank of Pennsylvania	210 Birch Ave., Pgh. PA 15228	- <u>\$_134,000.00</u>	\$_119,300.00
Creditor's mailing address		-	
c/o Greg Wilkins		_	
Law Office of Gregory Javardian 1310 Industrial Boulevard Southampton PA 18966	Describe the lien 1st mortgage		
Creditor's email address, if known	Is the creditor an insider or related party? ☑ No ☐ Yes		
Date debt was incurred	Is anyone else liable on this claim?		
Last 4 digits of account number	No Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
☐ No ☐ Yes. Have you already specified the relative priority?	Contingent Unliquidated Disputed		
No. Specify each creditor, including this creditor, and its relative priority.			
Yes, The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien		
Township of Mt. Lebanon	210 Birch Ave., Pgh. PA 15228	40,000,00	440 200 00
Creditor's mailing address		\$_10,000.00	<u>\$ 119,300.00</u>
710 Washington Rd.			
Pittsburgh PA 15228	Describe the lien property tax		
Creditor's email address, if known	Is the creditor an insider or related party? ☑ No ☑ Yes		
Date debt was incurred	Is anyone else liable on this claim?		
Last 4 digits of account number	No Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
☐ No ☑ Yes. Have you already specified the relative priority?	☐ Contingent ☐ Unliquidated ☐ Disputed		
No. Specify each creditor, including this creditor, and its relative priority.			
Yes. The relative priority of creditors is specified on lines			

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Debtor

MSAMN Corp.	Case number (# known)	17-23126
Name	 	-

art 1: Additional Page		Column A Amount of claim	Column B Value of collateral
copy this page only If more space is needed. (Continue numbering the lines sequentially from the	Do not deduct the value of collateral.	that supports this claim
Control and the Control and Co			
Creditor's name	Describe debtor's property that is subject to a lien		
Mt. Lebanon School District	210 Birch Ave. Pgh. PA 15228	- _{\$} 10,000.00	s 119,300.00
Creditor's mailing address		_	
7 Horseman Dr.		_	
Pgh PA 15228	Describe the lien property tax		
Creditor's email address, if known	Is the creditor an insider or related party? No Yes	_	
Date debt was incurred	Is anyone else liable on this claim?		
Last 4 digits of account number	☑ No ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
☐ No ☐ Yes. Have you already specified the relative priority?	Contingent Unliquidated Disputed		
No. Specify each creditor, including this creditor, and its relative priority.			
Yes. The relative priority of creditors is specified on lines			
Creditor's name	Describe debtor's property that is subject to a lien		WWW.LL
Creditor's name Allegheny County	Describe debtor's property that is subject to a lien 210 Birch Ave. Pgh. PA 15228	10 000 00	. 110 300 00
		- _{\$} _10,000.00	\$ 119,300.00
Allegheny County		- _{\$} _10,000.00	\$ <u>119,300.00</u>
Allegheny County Creditor's mailing address		- _{\$} 10,000.00	\$ 119,300.00
Allegheny County Creditor's mailing address 414 Grant St.	Describe the lien property tax Is the creditor an insider or related party?	- _{\$} 10,000.00	\$ 119,300.00
Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219	Describe the lien property tax Is the creditor an insider or related party? No Yes Is anyone else liable on this claim?	- _{\$} _10,000.00	\$ <u>119,300.00</u>
Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred	Describe the lien property tax Is the creditor an insider or related party? No Yes	- _{\$} 10,000.00	\$ 119,300.00
Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the	Describe the lien property tax Is the creditor an insider or related party? No Yes Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is:	- _{\$} 10,000.00	\$ 119,300.00
Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe the lien property tax Is the creditor an insider or related party? No Yes Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filling date, the claim is: Check all that apply.	- <u>\$ 10,000.00</u>	\$ 119,300.00
Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? No Yes, Have you already specified the relative	Describe the lien property tax Is the creditor an insider or related party? No Yes Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	- _{\$} 10,000.00	\$ 119,300.00
Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? No	Describe the lien property tax Is the creditor an insider or related party? No Yes Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply.	-\$ 10,000.00	\$ 119,300.00
Allegheny County Creditor's mailing address 414 Grant St. Pittsburgh PA 15219 Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? No Yes. Have you already specified the relative priority? No. Specify each creditor, including this	Describe the lien property tax Is the creditor an insider or related party? No Yes Is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	-\$ <u>10,000.00</u>	\$ 119,300.00

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Debtor

MSAMN Corp.

Case number (if known) 17-23126

Part 1: Additional Page		Column A Amount of claim Do not deduct the val	ie that supports this
Copy this page only if more space is needed. C	continue numbering the lines sequentially from the	of collateral.	cláim 45 George
revious page.			
Creditor's name	Describe debtor's property that is subject to a lien	THE PROPERTY OF THE PROPERTY O	and the second s
RoundPoint Mortgage Servicing Corp.	834 Washington Rd. Pgh. PA 15228		505 000 00
		- _{\$} _79,000.00	\$ 565,000.00
Creditor's mailing address		_	
5016 Parkway Plaza Blvd., Suite 200		_	
Charlotte NC 28217	Describe the lien 2nd mortgage		
Creditor's email address, if known	Is the creditor an insider or related party? ☑ No ☐ Yes	•	
Data dahtuwa inausand	Is anyone else liable on this claim?		
Date debt was incurred Last 4 digits of account	☑ No		
number	Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
□ No	☐ Contingent ☐ Unliquidated		
Yes. Have you already specified the relative priority?	Disputed		
No. Specify each creditor, including this creditor, and its relative priority.			
Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien		
Creditor's mailing address		- -	\$
	Describe the lien	_	
Creditor's email address, if known	Is the creditor an insider or related party? No Yes	•	
Date debt was incurred	Is anyone else liable on this claim?		
Last 4 digits of account number	No Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
No	☐ Contingent ☐ Unliquidated		
Yes. Have you already specified the relative priority?	Disputed		
No. Specify each creditor, including this creditor, and its relative priority.			
Yes. The relative priority of creditors is specified on lines			

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Fill in this information to identify the case:				
Debtor	MSAMN Corp.			
United States Bankruptcy Court for the:		Western	District of PA	
Case number	17-23126		(State)	
(If known)				

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

P	art 1: List All Creditors with PRIORITY Un	secured Claims		
1.	Do any creditors have priority unsecured claims ☑ No. Go to Part 2. ☐ Yes, Go to line 2.	? (See 11 U.S.C. § 507).		
2.	List in alphabetical order all creditors who have us 3 creditors with priority unsecured claims, fill out and	unsecured claims that are entitled to prior attach the Additional Page of Part 1.	rity in whole or in part. If the	debtor has more than
			Total claim	Priority amount
2.1	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed		\$
	Date or dates debt was incurred	Basis for the claim:		*
	Last 4 digits of account number	Is the claim subject to offset? ☐ No ☐ Yes		
2.2	Priority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	\$
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? No Yes		
2.3	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	\$
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? ☐ No ☐ Yes		

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Debtor

MSAMN Corp.

Case number (#known) 17-23126

3.	List in alphabetical order all of the creditors with nonprunsecured claims, fill out and attach the Additional Page of		6 creditors with nonpriority
	and the state of t	1412.	Amount of claim
3.1	Nonpriority creditor's name and mailing address None	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$
		Basis for the claim:	
	Date or dates debt was incurred	is the claim subject to offset?	
	Last 4 digits of account number	── U No □ Yes	•
3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$
		Disputed	
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: is the claim subject to offset? No Yes	_
3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$
		Basis for the claim:	·
	Date or dates debt was incurred	Is the claim subject to offset? ☐ No	
	Last 4 digits of account number	Yes	
3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$
	· · · · · · · · · · · · · · · · · · ·	Basis for the claim:	
	Date or dates debt was incurred Last 4 digits of account number	is the claim subject to offset? ☐ No ☐ Yes	
.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$
		Basis for the claim:	
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? No Yes	
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$
		Check an that apply. Contingent Unliquidated Disputed	
		Basis for the claim:	_
	Date or dates debt was incurred	Is the claim subject to offset? ☐ No	
	Last 4 digits of account number	Yes	

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Debtor

MSAMN Corp.

Case number (# known) 17-23126

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims		
5. Add the amounts of priority and nonpriority unsecured claims.		
		Total of claim amounts
5a. Total claims from Part 1	5a.	ş 0.00
5b. Total claims from Part 2	5b. +	\$
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$0.00

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Fill	in this information to identify	the case:			
Debi	tor name MSAMN Corp.				
Unite	ed States Bankruptcy Court for the:_	Western	District of PA		
Case	e number (If known): 17-23126		(State) Chapter 11		
					Check if this is an amended filing
Off	icial Form 206G				
Sc	hedule G: Exec	utory Conf	tracts and	Unexpired Leases	12/15
Be as	complete and accurate as po	ssible. If more space	is needed, copy and	l attach the additional page, numbering t	he entries consecutively.
1. [Does the debtor have any exec	cutory contracts or u	nexpired leases?		
	•	-		r schedules. There is nothing else to report o	on this form.
(listed on Schedule A/B: Assets - Real and F	
\$1280F753C56.	ist all contracts and unexpire	d leases		State the name and mailing address f	
PARTE TO				whom the debtor has an executory co	ontract of unexpired lease
2.1	State what the contract or lease is for and the nature				
	of the debtor's interest				
	State the term remaining				
	List the contract number of any government contract				
	State what the contract or				
2.2	lease is for and the nature of the debtor's interest				
ļJ	State the term remaining			• • • • • • • • • • • • • • • • • • • •	
	List the contract number of any government contract				
	, 5				
2.3	State what the contract or lease is for and the nature				
	of the debtor's interest	· · ·			
	State the term remaining				
	List the contract number of any government contract				
<u> </u>	any government contract				
2.4	State what the contract or lease is for and the nature				
	of the debtor's interest				
	State the term remaining			-	
	List the contract number of				-
	any government contract				
	State what the contract or				
2.5	lease is for and the nature of the debtor's interest				
	State the term remaining				
	List the contract number of				

any government contract

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C430 11	Document	Page 20 of 36	Beed Main
Fill in this inform	nation to identify the case:		
Debtor name M	SAMN Corp.		
United States Bankr	uptcy Court for the: Western District		
Case number (if kno	own): 17-23126	(State)	
~~~			Check if this is a amended filing
Official For	· · · · · · · · · · · · · · · · · · ·		
schedule	H: Codebtors		12/15
le as complete an ne Additional Pag	d accurate as possible. If more space is needed, te to this page.	copy the Additional Page, numbering the enti	ries consecutively. Attach
	or have any codebtors? this box and submit this form to the court with the de	htor's other ashedulas Nathing day needs to be	removed on this form
Yes	this box and submit this form to the court with the de	blor's other schedules. Nothing else needs to be	reported on this form.
2. In Column 1, I	ist as codebtors all of the people or entities who	are also liable for any debts listed by the debt	or in the schedules of
creditors, Sch schedule on wi	nedules D-G. Include all guarantors and co-obligors. hich the creditor is listed. If the codebtor is liable on a	In Column 2, identify the creditor to whom the de a debt to more than one creditor, list each creditor	bt is owed and each r separately in Column 2.
Column 1, Co	idebtor	Column 2: Creditor	
Name	Mailing address	Name:	Check all schedules that apply:
.1			
	Street		Q D Q E/F Q G
			4.6
	City State	ZIP Code	
	Street		O D O E/F
			□ G
	City State	ZIP Code	
.3			□ Đ
	Street		□ E/F □ G
			40
.4	City State	ZiP Code	
<del></del>	Street		D D <i>E/</i> F
			□ G
· · · · · · · · · · · · · · · · · · ·	City State	ZIP Code	
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	formation to identify t		
ebtor name	MSAMN Corp.		
Jnited States I	Bankruptcy Court for the:	Western	District of PA
Case number (	(Hknowa): 17-23126	i	(State)

Check if this is an amended filing

#### Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Pa	rt 1:	Income				•	
	Gros	s revenue from business					·
		identify the beginning and enc may be a calendar year	ling dates of the debtor	s fiscal	l year, which	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
		From the beginning of the fiscal year to filing date:	From MM/DD/YYYY	to	Filing date	Operating a business Other	\$
		For prior year:	From MM/DD/YYYY	to	MM / DD / YYYY	Operating a business Other	\$
		For the year before that:	From MM/DD/YYYY	to	MM / DD / YYYY	Operating a business Other	\$
-	Inclu	awsuits, and royalties. List ea				e may include interest, dividends, mor ately. Do not include revenue listed in	
						Description of sources of revenue	Gross revenue from each source. (before deductions and exclusions)
		From the beginning of the fiscal year to filing date:	FromMM / DD / YYYY	to	Filing date		\$
		For prior year:	From MM/DD/YYYY	to	MM / DD / YYYY	·	\$
		For the year before that:	From MM/DD/YYYY	to	MM / DD / YYYY		\$

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ebto	or	MSAMN Corp.			Case numbe	Br (if kno	17-23126
.2°5							
Pa	rt 2	List Certain Transfers Made Before F	iling for I	Bank	ruptcy		
		tain payments or transfers to creditors within 9	•		<del>-</del>		
	days	payments or transfers—including expense reimbu s before filing this case unless the aggregate value sted on 4/01/19 and every 3 years after that with r	of all prop	erty ti	ransferred to that creditor is I	ess th	nan \$6,425. (This amount may be
	X	None					
	-	Creditor is name and address	Dates	45257 143257	Total amount or value		sons for payment or transfer :k all that apply
	3.1.				\$		Secured debt
		Creditor's name		•	*		Unsecured loan repayments
		Street					Suppliers or vendors
		·			,		Services
		City State ZIP Code					Other
	3,2.						
					\$		Secured debt
		Creditor's name					Unsecured loan repayments
		Street					Suppliers or vendors
							Services
		City State ZIP Code					Other
! !	Do n gene the c	25. (This amount may be adjusted on 4/01/19 and not include any payments listed in line 3. Insiders i eral partners of a partnership debtor and their relaidablor. 11 U.S.C. § 101(31).	nclude offic	cers, c	directors, and anyone in contr	rol of	a corporate debtor and their relatives;
	X i	None					
	4.1.	Insider's name and address	Dates		Total amount or value	Reas	ons for payment or transfer.
		Insider's name		. ;	\$		
					_		
		Street					
					<del>-</del>		
		City State ZIP Code					
		Relationship to debtor					
	4.2.				Φ.		
		Insider's name			\$		,
		Street			-		
					-		
		City State ZIP Code					
			8				
	1	Relationship to debtor	-				
							•

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ebtor	MSAMN Corp.	Case number (# known) 17-23126
List solo	d at a foreclosure sale, transferred by a deed in lie	creditor within 1 year before filing this case, including property repossessed by a creditor, eu of foreclosure, or returned to the seller. Do not include property listed in line 6.
5.1.	None Creditor's name and address	Description of the property Date Value of property
:	Creditor's name	<u></u>
	Street	
	City State ZIP Code	
5.2.		\$
	Creditor's name Street	
	City State ZIP Code	
	Creditor's name and address  Creditor's name	Description of the action creditor took  Date action was Amount taken  \$
Part 3	City State ZIP Code  Legal Actions or Assignments	Last 4 digits of account number: XXXX
List		actions, executions, attachments, or governmental audits oltrations, mediations, and audits by federal or state agencies in which the debtor ing this case.
	None Case title Nature o	of case Court or agency's name and address Status of case
7.1.	· · · · · · · · · · · · · · · · · · ·	Pending
Comment	_Case,number	Name On appeal Street Concluded
	<b>で Aogetifiniumet</b> sp. 2004 (1954)(2004) (10 7)	Sweet Contadaed
 1.1		City State ZIP Code
7.2.	-Case title	Court or agency's name and address Pending
	Case number	Name On appeal Concluded
		Street
		City State ZIP Code

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Debtor	MSAMN Corp.	Case number (# known) 17-23	126
	Name . ,		
	ssignments and receivership		
	st any property in the hands of an assignee for the lands of a receiver, custodian, or other court-appoint	benefit of creditors during the 120 days before filing this case ar ted officer within 1 year before filing this case	id any property in the
$\square$	None		ada a sela a sela a seria a fina e response esperancia esperancia.
	Custodian's name and address	Description of the property Value	
	Custodian's name	Case title Court name an	d address
	Street		
		Name Case number	
	City State ZIP Code	Street	
		Date of order or assignment	
		City	State ZIP Code
Part	4: Certain Gifts and Charitable Contribu	utions	,
9. Li	st all gifts or charitable contributions the debtor	r gave to a recipient within 2 years before filing this case un	eless the aggregate value
	the gifts to that recipient is less than \$1,000	,	
×	None		
	Recipient's name and address	Description of the gifts or contributions Dates	given Value
0.4			\$
9.1	Recipient's name		· · · · · · · · · · · · · · · · · · ·
•	Street		
	City State ZIP Code		
	Recipient's relationship to debtor		
		· · · · · · · · · · · · · · · · · · ·	
9.2	Recipient's name		<b></b> \$
	Street		
	City State ZiP Code		,
	Recipient's relationship to debtor		
Part	5: Certain Losses		
40 <b>A</b> H	l losses from fire, theft, or other casualty within	1 year before filing this case	
	None	1 year before thing this case.	
~	None  Description of the property lost and how the loss ∈	Amount of payments received for the loss Date of	of loss Value of property
	occurred	If you have received payments to cover the loss, for	lost
		example, from insurance, government compensation, or tort liability, list the total received:	
		List unpaid claims on Official Form 106A/B (Schedule A/B:	
		Assets - Real and Personal Property).	
			<b></b> \$

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Deblor	MSAMN Corp.	Case number (# knowa)17-23126
	Noirte	
Part (	6 Certain Payments or Transfers	
	yments related to bankruptcy	
Lis	t any payments of money or other transfers of	property made by the debtor or person acting on behalf of the debtor within 1 year before including attorneys, that the debtor consulted about debt consolidation or restructuring,
	eking bankruptcy relief, or filing a bankruptcy c	
	None	
	Who was paid or who received the transfer?	If not money, describe any-property transferred Dates Total amount of value
11.1.		
	Address	\$
	Sireet	
	City State ZIP Cox	de
	Email.or.website address	
	Who made the payment, if not debtor?	
	<del>-</del>	<u> </u>
	Who was paid or who received the transfer?	If not money, describe any property transferred Dates Total amount or value
11.2.		
	Address	
	Street	
	City State ZIP Coo	<b>de</b> 5.545
	Email or website address	
	Who made the payment, if not debtor?	RANGENT North North Control of the Control RENGENT CONTROL OF THE CONTROL OF T
		<u> </u>
	f-settled trusts of which the debtor is a ben	
	t any payments or transfers of property made t elf-settled trust or similar device.	by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to
Do	not include transfers already listed on this stat	tement.
X	None	
	Name of trust or device.	Describe any property transferred Dates transfers Total amount or were made value
		\$
•	Trustee	

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)ľ	Name		Ca	ase number (if known)	17-23126	
	),gaill <u>e</u>					
	nsfers not already listed on this statement					
List	any transfers of money or other property—by sa	ale, trade, or any oth	ier means—made l	by the debtor or a pe	erson acting on bel	alf of the debtor
ncl	nin 2 years before the filing of this case to anothe ude both outright transfers and transfers made a	er person, omer mar as security. Do not ir	i property transferr iclude diffs or trans	ea in the ordinary co sters previously liste	turse of business o	r financial affairs.
	g		iolado gilla di tidila	note providusty lister	on the statement	•
<u> </u>	None					
	Who received transfer?	Description of pr or debts paid in	operty transferred o	or payments received	Date transfer was made	Total amount or value
						Yajue
						•
•					·	\$
	Address	7-33 7-33 7-33 7-33				
	Street					
	City State ZIP Code					
	Relationship to debtor					
)						
6		<del>72</del>				
0.000	Who received transfer?					\$
2		853:				Φ
1						
100	Address		•		•	
	Street					
	Olk.					
	City State ZIP Code			*		
1	Relationship to debtor					
7:	Previous Locations					
	1 issued a described					
	ious addresses	•				
t a	all previous addresses used by the debtor within	3 years before filing	this case and the	dates the addresses	were used.	
	Does not apply					
2000	Address			Dates of	оссирансу.	
12th			B-2000 - 1			
	Street			Fram		То
	City	State ZIP Cod	e			
	Steat			From	-	То
	Street					
٠.						

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Health Care Bankruptcies  Is the debtor primarily engaged in offering services and facilities for:  diagnosing or treating injury, deformity, or disease, or  providing any surgical, psychiatric, drug treatment, or obstetric care?  No. Go to Part 9.  Yes. Fill in the information below.  Facility name and address  Nature of the business operation, including type of services the address in debtor provides  Street  Location where patient records are maintained (if different from facility and service) provider.  Check all that apply:  City State ZIP Code  Facility name and address  Nature of the business operation, including type of services the debtor provides meal and housing. number of patients in debtor service provider.  Check all that apply:  Check all that apply:  Facility name and address  Nature of the business operation, including type of services the debtor provides meal and housing, number of and housing and housing and housing and housing and	btor`	MSAMN Corp.		Case number (# known) 17-23126	
Health Care bankruptcles Is the debtor primarily engaged in offering services and facilities for:  diagnosing or treating highly, debronly, or disease, or  providing any surgical, psychiatric, duty treatment, or obstetric care?  El No. Go to Part 9.  Yes, Fill in the information below,  [a cillip name and address   Statuts of the business operation, including type of sortice tities and hoteliging implies of debtor provides meal and hoteliging implies of debtor provides meal and hoteliging implies of patients in debtor's care debtor provides.    Steel		Name .			
Is the debtor privately engaged in offering services and facilities for:  diagnosing or treating righty, deformly, or diseases, or providing any surgical, psychiatric, dright teatment, or obstictic care?  No. Got o Part 9  Yes. Fill in the information below.  Facility name and address.  Nature of the business operation including type of services the Lefstographydess.  No. Got of Part 9  Location where provides are maintained (if different from him.)  In reality name and address.  Nature of the business operation including type of services the Lefstographydess.  Indication, Institute provides are maintained (if different from him.)  In reality name and address.  In state of the business operation including type of services the debter provides is  Indicated that apply.  Facility name and address.  Nature of the business operation including type of services the debter provides is  Indicated that apply.  Facility name and address.  Nature of the business operation including type of services the debter provides is  Indicated that apply.  Facility name and address.  Nature of the business operation including type of services the debter provides is  Indicated that apply.  Indicated that apply.  Facility name and address.  Indicated that apply.  Check off that apply.  Check off that apply.  Check off that apply.  Check off that apply.  Paper  I coation where pointer records are maintained (if different from time?)  Address, it is become any application of customers?  No.  No.  No. So she debtor have a privacy policy about that information?  No. Go be Part 10.  Yes. Does the debtor serve as plan administrator?  No. Go to Part 10.  Yes. Does the debtor serve as plan administrator?  No.  No. So to Part 10.  No.  No. So to Part	irt 8:	Health Care Bankru	ıptcies		
Is the debtor primarily oraged in othering services and facilities for:  diagnosing or treating injury, deformly, or disease, or  providing any surgical, psychietic, drug treatment, or obstictic care?  No. Go to Part 9.  Yes. Fill in the information below.  Facility name and address:  *** Nature of the business operation, including type of services the  *** Jebbogsproydes**  *** Potential properties and housing, number of patients in group described in the properties and housing, number of patients in group described in the properties and housing, number of patients in group described in the properties and housing, number of patients in group described in the properties and housing, number of patients in group described in the properties and housing, number of patients in group described in the properties and housing, number of patients in group described in the properties and housing, number of patients in dealth or search in the properties and housing, number of patients in dealth or search in the properties in the properties in the properties and housing, number of patients in dealth or search in the properties in the properties in the properties in the properties and housing, number of patients in dealth or search in the properties in dealth or search in the properties in dealth or search in the properties and housing, number of the patients in dealth or search in the properties and housing, number of patients in dealth or search in the properties and housing, number of the patients in dealth or search in the properties and housing, number of the patients in dealth or search in the properties and housing, number of the patients in dealth or search in the properties and housing, number of the patients in the properties and housing, number of the patients in the	Heal	th Care bankruptcies			
providing any surgical, psychiatric, drug treatment, or obstotric care?  No. So to Part 9.  Yos. Fill it his holizomation below.  Facility name and address and housing number of patients in debtor provides meal and housing number of patients in debtor is care.  Street		•	offering services	and facilities for:	
No. Go to Part 8.   Yes. Fill in the information below.	— d	fiagnosing or treating injury, o	deformity, or dise	ease, or	
Ves. Fill in the information below.	— р	providing any surgical, psychi	atric, drug treatm	nent, or obstetric care?	
Steel   State   Stat					
Size	☐ Y	es. Fill in the information bel	ow.		
patients in debtor care    Street		Facility name and address:	Strategy Control of the Control of t		If debtor provides meals
Street   Coation where patient records are maintained (if different intermically address): if electronic, identify any advise, provider.   Chock all that apply:   Electronically   Paper	32		FORD	debtor provides	and housing, number of patients in debtor's care
Street   Location where patient records are maintained (if different from facility address); the ectronic, totally any acroise, provider.   Check all that apply:   Electronically   Paper	- 4				• 15 10 70 <del>10 00000000000000000000000000000</del>
City   State   ZiP Code   Check all that apply:   Check all that apply:   Check all that apply:   Paper   Facility name and address   Nature of the business operation, including type of services the debtor provides and housing nimber of patients in debtor's care address.   If debtor provides and housing nimber of patients in debtor's care address.   Facility name   Location where patient records are maintained (if different from facility)   How are records kept?   Check all that apply:   City   State   ZiP Code   Check all that apply:   Electronically   Paper   Pape		Facility name			
Check all that apply:   City   State   ZiP Code   Check all that apply:   City   Paper   Facility name and address   Nature of the Dusiness operation, including type of services the debtor provides and housing number of patients in debtor's care address.   If debtor provides and housing number of patients in debtor's care address.   If debtor provides and housing number of patients in debtor's care address.   If decided the patients   If debtor provides and housing number of the paper					
Check all that apply:    Clipy   State   ZiP Code		Street		Location where patient records are maintained (if different from facility	How are records kept?
Electronically   Paper				address) in electronic, identify any service provider.	~
Paper   Pape					_
Nature of the business operation, including type of services the debtor provides and housing rumpber of patients in debtor provides.   If debtor provides and housing rumpber of patients in debtor's care debtor provides.   Facility name		City State	ZIP Code		
Adultour provides   and housing_rupber of patients in debtor's care patients in debtor's care patient records are maintained (if different from facility address): if electronic, identify any service provider.   Check all that apply:	28				⊔ Paper
Street   Location Where patient records are maintained (if different from facility)   How are records kept?   address); instructionic, identify any service provider.   Check all that apply:   City   State   ZIP Code   Electronically   Paper   Personally Identifiable Information   Paper   Pap		Facility name and address			If debtor provides meals
Street   Location where patient records are maintained (if different from facility address): if electronic, identify any service provider.   Check all that apply:	00		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	debto, provides	and housing, number of patients in debtor's care
Street   Location where patient records are maintained (if different from facility address); if electronic, identify any service provider.   Check all that apply:	2.				
Address): If electronic, identify any service provider.    Check all that apply:   Electronically   Paper		Facility name			
Address): If electronic, identify any service provider.    Check all that apply:   Electronically   Electronically   Paper					SVANA NEVERSIONAL TO THE PROPERTY OF THE
Check all that apply:  City State ZIP Code    Electronically   Paper		Street		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City State ZIP Code    City   Paper   Electronically   Paper	,				Check all that apply:
Personally Identifiable Information  Does the debtor collect and retain personally identifiable information of customers?  No.  Yes. State the nature of the information collected and retained.  Does the debtor have a privacy policy about that information?  No  Yes  Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?  No. Go to Part 10.  Yes. Does the debtor serve as plan administrator?  No. Go to Part 10.  Yes. Fill in below:  Name of plan  Employer identification number of the plan  EIN:		City State	7ID Code		_
Personally Identifiable Information  Does the debtor collect and retain personally identifiable information of customers?  No.  Yes. State the nature of the information collected and retained.  Does the debtor have a privacy policy about that information?  No  Yes  Within 6 years before filling this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?  No. Go to Part 10.  Yes. Does the debtor serve as plan administrator?  No. Go to Part 10.  Yes. Fill in below:  Name of plan  Employer identification number of the plan  EIN:  Has the plan been terminated?	,	Uity State	ZIF Code		
No.    Yes. State the nature of the information collected and retained	800	<b>3</b>			•
No.  Yes. State the nature of the information collected and retained.  Does the debtor have a privacy policy about that information?  No Yes  Within 6 years before filling this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?  No. Go to Part 10.  Yes. Does the debtor serve as plan administrator?  No. Go to Part 10.  Yes. Fill in below:  Name of plan  Employer identification number of the plan  EIN:  Has the plan been terminated?	t 9:	Personally Identifiat	)le Informatio	n .	
Yes. State the nature of the information collected and retained.  Does the debtor have a privacy policy about that information?  No Yes  Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other beension or profit-sharing plan made available by the debtor as an employee benefit?  No. Go to Part 10. Yes. Does the debtor serve as plan administrator?  No. Go to Part 10. Yes. Fill in below:  Name of plan  Employer identification number of the plan  EIN:  Has the plan been terminated?	)oes	the debtor collect and reta	in personally id	entifiable information of customers?	
Yes. State the nature of the information collected and retained.  Does the debtor have a privacy policy about that information?  No Yes  Within 6 years before filling this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?  No. Go to Part 10. Yes. Does the debtor serve as plan administrator?  No. Go to Part 10. Yes. Fill in below: Name of plan  Employer identification number of the plan  EIN:  Has the plan been terminated?	×Ν	lo.		•	
□ No □ Yes  Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?  ☑ No. Go to Part 10. Yes. Does the debtor serve as plan administrator? □ No. Go to Part 10. □ Yes. Fill in below: ■ Name of plan ■ Employer identification number of the plan ■ EIN: =  Has the plan been terminated? □ No	☐ Yı	es. State the nature of the inf	formation collecte	ed and retained.	
Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?  No. Go to Part 10.  Yes. Does the debtor serve as plan administrator?  No. Go to Part 10.  Yes. Fill in below:  Name of plan  Employer identification number of the plan.  EIN:  Has the plan been terminated?  No		Does the debtor have a p	rivacy policy abo	out that information?	
Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?  No. Go to Part 10.  Yes. Does the debtor serve as plan administrator?  No. Go to Part 10.  Yes. Fill in below:  Name of plan  EIN:  Has the plan been terminated?  No					
No. Go to Part 10. Yes. Does the debtor serve as plan administrator?  No. Go to Part 10. Yes. Fill in below:  Name of plan  Has the plan been terminated?		☐ Yes			
No. Go to Part 10.  Yes. Does the debtor serve as plan administrator?  No. Go to Part 10.  Yes. Fill in below:  Name of plan  ElN:  Has the plan been terminated?  No	Vithir pensi	n 6 years before filing this o ion or profit-sharing plan n	case, have any d nade available b	employees of the debtor been participants in any ERISA, 401(k), 40 by the debtor as an employee benefit?	3(b), or other
Yes. Does the debtor serve as plan administrator?  No. Go to Part 10.  Yes. Fill in below:  Name of plan  EIN:  Has the plan been terminated?  No					
□ No. Go to Part 10. □ Yes. Fill in below: □ Name of plan □ Employer identification number of the plan. □ ElN:  Has the plan been terminated? □ No			plan administrat	tor?	
Name of plan  Employer identification number of the plan  EIN:  Has the plan been terminated?  No		☐ No. Go to Part 10.			
Has the plan been terminated?					
Has the plan been terminated? ☐ No		Name of plan		Employer identification n	umber of the plan
□ No				EIN:	
□ No		Has the plan been ter	minated?		
			/III massa		

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or	MSAMN C	orp.			Case number (# known)	17-23126
rt 10:	Certain Fi	nancial Ac	counts Sa	fo Danosit Royas	and Storage Units	
- garage of the second	ed financial acc		counts, oa	re beposit boxes,	ana otorage omts	
Within moved include	n 1 year before fi d, or transferred de checking, savi	iling this cas ? ings, money	market, or oth	her financial accounts;	truments held in the debtor's name, or for certificates of deposit; and shares in bar	
	_	operatives, a	associations, a	and other financial inst	itutions.	
⊠ No F	one Financial instituti	on name and	address	Last 4 digits of acco	clo	ie account was Last balance sed, sold, moved, before closing or
28.5			1.54 <b>411 (</b> 419-141)			transferred transfer
3.1. N	Name		<del> </del>	XXXX	Checking	\$
-	0/		<del></del>		☐ Savings	
8	Street				Money market	
_					☐ Brokerage	
C	City	State	ZIP Code		Other	
.2.				XXXX-	☐ Checking	
_	Name				 Savings	\$
IN.						
_	Street				Money market	
_	Street				Money market	
Safe d List an	city deposit boxes ny safe deposit b	State DOX or other (	ZiP Code depository for	securities, cash, or oth	Money market  Brokerage  Other  Derivative the debtor now has or did has been debtor now has or did has been debtor now has or did has been debtor now has been debtor	ave within 1 year before filing this ca
Safe d List an	city deposit boxes ny safe deposit b one Depository instit	oox or other o	depository for	securities, cash, or oth	Brokerage Other  ber valuables the debtor now has or did h	contents Does debto
Safe d List an	city  deposit boxes  ny safe deposit bone	oox or other o	depository for		Brokerage Other  ber valuables the debtor now has or did h	contents Does debto still-have if
Safe d List an	city deposit boxes ny safe deposit b one Depository instit	oox or other o	depository for		Brokerage Other  ber valuables the debtor now has or did h	contents Does debto
Safe d List an No	city  deposit boxes ny safe deposit b one Depository instit	oox or other o	depository for		Brokerage Other  ber valuables the debtor now has or did h	contents Does debto
Safe d List an Mo	deposit boxes ny safe deposit b one Depository instit	oox or other o	depository for	Names of anyone wi	Brokerage Other  ber valuables the debtor now has or did h	contents Does debto
Safe d List an No No Tr Tr Tr	deposit boxes ny safe deposit b one Depository instit	oox or other outlon name a	depository for and address	Names of anyone wi	Brokerage Other  ber valuables the debtor now has or did h	contents  Does debto still have it
Safe d List an No S F T F F F F F F F F F F F F F F F F F	deposit boxes ny safe deposit b one Depository instit Name Street Sity mises storage y property kept in the debtor does t	oox or other outlon name a	depository for and address	Names of anyone wi	Brokerage Other  ner valuables the debtor now has or did h th access to it  Description of the	contents  Does debto still have it
Safe di List an No S F F F F F F F S S S S S S S S S S S	deposit boxes ny safe deposit b one Depository instit Name Street Sity mises storage y property kept in the debtor does t	State  storage uniousiness.	depository for and address	Names of anyone wi	Brokerage Other  there valuables the debtor now has or did have the access to it.  Description of the debtor now has or did have the access to it.  Description of the debtor now has or did have the access to it.	contents  Does debto still-have it?  No Yes  That are in a part of a building in ontents  Does debtor still have it?
Safe d List an  No  Frical  Frical  Safe d  Sa	deposit boxes ny safe deposit b one Depository instit Name Street City mises storage y property kept in he debtor does to	State  storage uniousiness.	depository for and address	Names of anyone wi	Brokerage Other  there valuables the debtor now has or did have the access to it.  Description of the debtor now has or did have the access to it.  Description of the debtor now has or did have the access to it.	Does debto still have it?  No Yes  That are in a part of a building in
Safe di List an No Safe di List an No Fi c	deposit boxes ny safe deposit b one Depository instit Name Street Sity mises storage y property kept in he debtor does to ne Facility name and	State  storage uniousiness.	depository for and address	Names of anyone wi	Brokerage Other  there valuables the debtor now has or did have the access to it.  Description of the debtor now has or did have the access to it.  Description of the debtor now has or did have the access to it.	contents  Does debto still-have it?  No Yes  Sthat are in a part of a building in  Does debto still have it?  No
Safe di List an No Safe di List an No Fi ist any thich th	deposit boxes ny safe deposit b one Depository instit Name Street City mises storage y property kept in he debtor does to	State  storage uniousiness.	depository for and address	Names of anyone wi	Brokerage Other  there valuables the debtor now has or did have the access to it.  Description of the debtor now has or did have the access to it.  Description of the debtor now has or did have the access to it.	contents  Does debto still-have it a part of a building in bottents  Does debto still have it a postents  Does debto still have it a postents
Safe di List an No Safe di List an No Fi c	deposit boxes ny safe deposit b one Depository instit Name Street Sity mises storage y property kept in he debtor does to ne Facility name and	State  storage uniousiness.	depository for and address	Names of anyone wi	Brokerage Other  there valuables the debtor now has or did have the access to it.  Description of the debtor now has or did have the access to it.  Description of the debtor now has or did have the access to it.	contents  Does debto still-have it?  No Yes  Sthat are in a part of a building in  Does debto still have it?  No

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Debtor	MSAMN Corp.		Case number (# known) 17-23126	
			•	
Part 11	Property the Debtor Holds or	Controls That the Debte	or Does Not Own	
List a	erty held for another ny property that the debtor holds or cor Do not list leased or rented property.	ntrols that another entity owns.	Include any property borrowed from, being stored for	, or held in
X N	one			·
	Own <u>er's na</u> me and address	Location of the property	Description of the property	Value §
i	Name	· ,		
1	Street			_
ī	City State ZIP Code	<del></del>		
Part 12:	Details About Environmental	Information	,	
For the p	urpose of Part 12, the following definition	ons apply:		
■ Enviro	· ·	ernmental regulation that conc	erns pollution, contamination, or hazardous material,	
■ Site m former	neans any location, facility, or property, rly owned, operated, or utilized.	including disposal sites, that the	he debtor now owns, operates, or utilizes or that the d	ebtor
■ <i>Hazar</i> orasì	dous material means anything that an eimilarly harmful substance.	environmental law defines as h	nazardous or toxic, or describes as a pollutant, contam	ninant,
Report al	II notices, releases, and proceedings	known, regardless of when	they occurred.	•
22. Has th	te debtor been a party in any judicial	or administrative proceeding	ng under any environmental law? Include settlement	te and ordere
⊠ No		The state of the s	ig and any chancemental law: moduce settlement	is and Gruers.
	s. Provide details below.			
	Case title	Court or agency name and ad	dress Nature of the case	Status of case
- 	Case number	N		Pending
	Sect Hallings	Name		On appeal Concluded
-		Street		-
		City State	ZIP Code	
	ny governmental unit otherwise notifi nmental law?	ied the debtor that the debto	or may be liable or potentially liable under or in vio	lation of an
X No				•
_	s. Provide details below.			
Si	te name and address	Governmental unit name and	address Environmental law, if known	Date of notice
N	ame	Name		
Si	treet	Street		-
=	h. 011			
C	ily State ZIP Code	City State	ZIP Code	

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ebtor	MSAMN Corp.	Case number (# known) 17-23126
	Name	
24. Ha	s the debtor notified any governme	ntal unit of any release of hazardous material?
	No	tal and of any release of nazardous material?
	Yes. Provide details below.	
	Site name and address	Governmental unit name and address Environmental law, if known Date of notice
		Duc Villice C
	Name	Name
	Street	Street
	City State ZIP Co	de City State ZIP Code
Part 1	Kin Details About the Debtor	's Business or Connections to Any Business
	John About the Debto.	3 Dusiness of Connections to Any Business
25. <b>Oth</b>	er businesses in which the debtor I	nas or has had an interest
List	t any business for which the debtor wa	s an owner, partner, member, or otherwise a person in control within 6 years before filing this case.
	lude this information even if already lis	ied in the Schedules.
Z.	None	
	Business name and address	Describe the nature of the business Employer Identification number
		Do not include Social Security number or JEIN:
25.1,		EIN:
	Name	Dates business existed
	Street	<u> </u>
		From To
	City State ZIP Cod	ė
25.2.	Business name and address	Describe the nature of the business Employer Identification number  Do not include Social Security number or HIN:
		EIN: -
	Name	Dates-business existed.
	Street	
		From To
	City State ZIP Cod	
:		
1	Business name and address	Describe the nature of the business Employer Identification number  Do not include Social Security number or ITIN.
25.3,		EIN:
	Name	Dates business existed
	Street	Podes Malles existed
	City State ZIP Code	From To

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tor	MSAMN Corp.		Case num	ber (if known) 17-23	126
	Name				
	s, records, and financial statem		ooks and records within	2 years before filing	this case.
[	X None				
	Name and address			Dates of service	
Sa.1.				From	То
	Name	•			
	Street			-	
	City	State	ZIP Code	<del>.</del>	
	Name and address				
	ivalile at lu address			Dates of service	
a,2,	Name			From	To
	Street			_	
	City	State	ZIP Code	-	
	· ·	State	ZII Code		
	Name and address			Dates of service	To
26b.1	1. Name			FIORII	10
	Street				
	City	State	ZIP Code		
	Name and address	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		Dates of service	
		<ul> <li></li></ul>		From	То
26b.2	2. Name			<del></del>	<del></del>
	Street				
	City	State	ZIP Code		
160 I I	ist all firms or individuals who were	o in noccession of the debtor's b	acks of account and reac	urda vahan thia aana	in file d
	None	e in possession of the debtor's b	ooks of account and rece	ius when this case	is filed.
	Name and address		77. 47. 47. 47. 47. 47. 47. 47. 47. 47.	If any books of a	ccount and records are ain why
26c.1	k	VIII. 17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			- The Conference of State Conference of Conf
	Name				
	Street				,
		· · · · · · · · · · · · · · · · · · ·			
	City	State	ZIP Code		

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Debtor	MSAMN Corp.		Case numb	er (ff known) 17-23126
	Name			
	Name and address			If any books of account and records are unavailable; explain why
26c.2.				
	Name		·	·
	Street			
	City	State	ZIP Code	
26d. Lis wil	st all financial institutions, creditors, a thin 2 years before filing this case.	and other parties, including merc	antile and trade agenci	ies, to whom the debtor issued a financial statement
Ď	None			
	Name and address:			
26d.1.	Name			
	Street			•
		<u> </u>		
	City .	State	ZIP Code	
	Name and address	<b>6.</b> 2		
26d,2,	Name			
	Street			
•	City	State	ZIP Code	
27. Invento	ries			
	y inventories of the debtor's property	y been taken within 2 years befo	ore filing this case?	
☑ No ☐ Yes.	Give the details about the two most	recent inventories.		
Na	me of the person who supervised the t	akina affha lavoitav	Date of	The challenges of the challeng
,			- inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
. —			<del></del>	\$
	me and address of the person who has	possession of inventory records		
27.1 Nan	70			
Stre	<u>-</u>			
City		State Z	IP Code	
	•			

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MSAMN Corp.			(	ase number (# known)_	17-2312	6	****
Name of the person who	supervised the taking	of the inventory		ate of The diventory other	ollar amount basis) of eaci	and basis (continued to the second se	ost, market,
Name and address of the		ession of inventory rec	ords				
Name							
Street							
City		State	ZIP Code				
the debtor's officers, d ple in control of the del	btor at the time of the		artners, member	s in control, cont	rolling share	eholders, o	r other
Name Prasad Bandhu	Address			Position and i	nature of any		of interest, i
Prasau Banunu	834 vva	shington Rd., Pgh.	PA 15228	President		<u>1</u>	100%
				<del> </del>			
<del></del>	<del></del>						
ne debtor, or sharehold					s, general p	partners, mo	embers in o
ne debtor, or sharehold No				sitions? Position and		Period di	urting which
nin 1 year before the filine debtor, or sharehold No Yes. Identify below.	ers in control of the			sitions?		Period di position held	uring which or interest w
ne debtor, or sharehold No Yes. Identify below.	ers in control of the			sitions? Position and		Period di position held From	urting which
ne debtor, or sharehold No Yes. Identify below.	ers in control of the			sitions? Position and		Period di position held From	uring which or interest w To
ne debtor, or sharehold No Yes. Identify below.	ers in control of the			sitions? Position and		Period di position held From From	uring which or interest w To To
ne debtor, or sharehold No Yes. Identify below. Name	ers in control of the	debtor who no long	er hold these po	sitions? Position and		Period di position held From From	uring which or interest w To To
ne debtor, or sharehold No Yes. Identify below. Name	ers in control of the Address withdrawals credite	debtor who no long	er hold these po	Position and any interest	nature of	Period di position held From From From	uring which or interest w To To To To
ne debtor, or sharehold No Yes. Identify below. Name	Address  withdrawals credites case, did the debtor	debtor who no long	er hold these po	Position and any interest	nature of	Period di position held From From From	uring which or interest w To To To To
ne debtor, or sharehold No Yes. Identify below.  Name  ments, distributions, or in 1 year before filing this uses, loans, credits on loa No	Address  withdrawals credites case, did the debtor	debtor who no long	er hold these po	Position and any interest	nature of	Period di position held From From From	uring which or interest w To To To To
ne debtor, or sharehold No Yes. Identify below. Name ments, distributions, or in 1 year before filing this uses, loans, credits on loa	Address  withdrawals credites case, did the debtor	debtor who no long	er hold these po	Position and any interest	nature of	Period di position held From From From	uring which or interest w To To To To
ne debtor, or sharehold No Yes. Identify below.  Name  ments, distributions, or in 1 year before filing this uses, loans, credits on loa No	Address  withdrawals credites a case, did the debtor ans, stock redemption	debtor who no long	rs ih value in any for sed?	Position and any interest any interest m, including salary	nature of	Period di position held From From From Prom censation, d	uring which or interest w To To To To To raws,
me debtor, or sharehold No Yes. Identify below.  Name  ments, distributions, or in 1 year before filing this uses, loans, credits on load No Yes. Identify below.	Address  withdrawals credites a case, did the debtor ans, stock redemption	debtor who no long	rs th value in any for sed?  Amount of description	Position and any interest	nature of	Period di position held From From From Prom censation, d	uring which or interest w To To To To To
me debtor, or sharehold No Yes. Identify below.  Name  ments, distributions, or in 1 year before filing this uses, loans, credits on load No Yes. Identify below.	Address  withdrawals credites a case, did the debtor ans, stock redemption	debtor who no long	rs ih value in any for sed?	Position and any interest any interest m, including salary	nature of	Period di position held From From From Prom censation, d	uring which or interest w To To To To To raws,
ments, distributions, or sin 1 year before filing this uses, loans, credits on loans of the loan	Address  withdrawals credites a case, did the debtor ans, stock redemption	debtor who no long	rs th value in any for sed?  Amount of description	Position and any interest any interest m, including salary	nature of	Period di position held From From From Prom censation, d	uring which or interest w To To To To To raws,
me debtor, or sharehold No Yes. Identify below.  Name  ments, distributions, or in 1 year before filing this uses, loans, credits on load No Yes. Identify below.	Address  withdrawals credites a case, did the debtor ans, stock redemption	debtor who no long	rs th value in any for sed?  Amount of description	Position and any interest any interest m, including salary	nature of	Period di position held From From From Prom censation, d	uring which or interest w To To To To To raws,
ments, distributions, or sin 1 year before filing this uses, loans, credits on loans of the loan	Address  withdrawals credites a case, did the debtor ans, stock redemption	debtor who no long	rs th value in any for sed?  Amount of description	Position and any interest any interest m, including salary	nature of	Period di position held From From From Prom censation, d	uring which or interest w To To To To To raws,
ments, distributions, or in 1 year before filing this uses, loans, credits on loans of the loans	Address  withdrawals credites a case, did the debtor ans, stock redemption	debtor who no long	rs th value in any for sed?  Amount of description	Position and any interest any interest m, including salary	nature of	Period di position held From From From Prom censation, d	uring which or interest w To To To To To raws,

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	MSAMN Corp,	Case number (# known)17-	23126
	Telle	•	
	Name and address of recipient		
2			
•	Name	<del>-</del>	
	Street	<del>-</del>	
		_	
	City . State ZIP Code		<del> </del>
	Relationship to debtor		
		=	
124L :	in Course to Fore Climately and the debtack and the course of the course	Francis District Control	
nini N	in 6 years before filing this case, has the debtor been a membe No	of any consolidated group for tax purp	oses?
Y	res. Identify below.		
	Name of the parent corporation		n number of the parent.
.4.		EIN: -	
) N Р	es. Identify below.		pension fund?
И [2 У	No	been responsible for contributing to a	
И [2 У	No /es. Identify below.	been responsible for contributing to a	pension fund? nnumber of the pension fund
И [2 У	No /es. Identify below.  Name of the pension fund	been responsible for contributing to a	pension fund? nnumber of the pension fund
O N	No /es. Identify below.  Name of the pension fund	been responsible for contributing to a	pension fund? nnumber of the pension fund
14 V	No /es. Identify below.  Name of the pension fund	been responsible for contributing to a    Employer Identification  EIN:  atement, concealing property, or obtaining	pension fund?  n number of the pension fund  money or property by fraud in
14 V c	Name of the pension fund  Signature and Declaration  WARNING Bankruptcy fraud is a serious crime. Making a false st connection with a bankruptcy case can result in fines up to \$500,000	Employer Identification  EIN:  aternent, concealing property, or obtaining or imprisonment for up to 20 years, or bot	pension fund?  n number of the pension fund  money or property by fraud in h.
14 V CC 1 I is	Name of the pension fund  Signature and Declaration  WARNING Bankruptcy fraud is a serious crime. Making a false st connection with a bankruptcy case can result in fines up to \$500,000 18 U.S.C. §§ 152, 1341, 1519, and 3571.	Employer Identification  EIN:  atement, concealing property, or obtaining or imprisonment for up to 20 years, or both	pension fund?  n number of the pension fund  money or property by fraud in h.
144 V CC 1 I is	Name of the pension fund  Signature and Declaration  WARNING Bankruptcy fraud is a serious crime. Making a false st connection with a bankruptcy case can result in fines up to \$500,000 18 U.S.C. §§ 152, 1341, 1519, and 3571.  I have examined the information in this Statement of Financial Affairs is true and correct.	Employer Identification  EIN:  atement, concealing property, or obtaining or imprisonment for up to 20 years, or both	pension fund?  n number of the pension fund  money or property by fraud in h.
14 V CC 1 I is	Signature and Declaration  WARNING Bankruptcy fraud is a serious crime. Making a false st connection with a bankruptcy case can result in fines up to \$500,000 18 U.S.C. §§ 152, 1341, 1519, and 3571.  I have examined the information in this Statement of Financial Affair is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  Executed on   08/21/2017  MM / DD / YYYYY	Employer Identification  EIN:  atement, concealing property, or obtaining or imprisonment for up to 20 years, or both and any attachments and have a reasonable.	pension fund?  n number of the pension fund  money or property by fraud in h.  able belief that the information
144 V CC 1 1 is is	Name of the pension fund  Signature and Declaration  WARNING — Bankruptcy fraud is a serious crime. Making a false st connection with a bankruptcy case can result in fines up to \$500,000 18 U.S.C. §§ 152, 1341, 1519, and 3571.  I have examined the information in this Statement of Financial Affair is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  Executed on   08/21/2017  MM / DD / YYYYY	Employer Identification  EIN:  atement, concealing property, or obtaining or imprisonment for up to 20 years, or both	pension fund?  n number of the pension fund  money or property by fraud in h.  able belief that the information
1 A V C C C C C C C C C C C C C C C C C C	Name of the pension fund  Signature and Declaration  WARNING Bankruptcy fraud is a serious crime. Making a false st connection with a bankruptcy case can result in fines up to \$500,000 18 U.S.C. §§ 152, 1341, 1519, and 3571.  I have examined the information in this Statement of Financial Affairs is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  Executed on   08/21/2017  MM / DD / YYYYY	Employer Identification  EIN:  atement, concealing property, or obtaining or imprisonment for up to 20 years, or both and any attachments and have a reasonable.	pension fund?  n number of the pension fund  money or property by fraud in h.  able belief that the information

### UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

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	ı v	п	Г.	

MSAMN Corp.

Debtor(s).

Case No. 17-23126

Chapter 11

#### LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared. for filing in this Chapter 11 case.

Registered Name and last known address or place of business of security holder:	Security Class	Number of Securities or Percentage	Kind of Interest
Prasad Maragabandhu	n/a	100%	shareholder

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date: /s/ Prasad Maragabandhu

Signature

Name: Prasad Maragabandhu

Title: President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

### IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In re:		)	Bankruptcy No. 17-23126
MSAMN CO	ORP.	)	
		)	Chapter 11
	Debtor.	)	
)	DISCLOSURE OF COMPENSATION	N OF AT	TORNEY FOR DEBTOR(S)
	nd that compensation paid to me within one year leavices rendered or to be rendered on behalf of the	before the fi	6(b), I certify that I am the attorney for the above- ling of the petition in bankruptcy, or agreed to be in contemplation of or in connection with the
For lea	gal services, I have agreed to accept		\$ Per fee application
For legal services, I have agreed to accept Prior to the filing of this statement I have received Balance Due			\$ 1717.00 (filing fee) \$ Per fee application
2.	The source of the compensation paid to me w	as:	
	Debtor X Other (specify):		
3.	The source of compensation to be paid to me	is:	
	X Debtor _ Other (specify):		
4. <u>X</u> 1	have not agreed to share the above-disclosed co	mpensation	with any other person unless they are members and
ass	sociates of my law firm.		-
I have agreed to share the above-disclosed compensation with a person or persons who are not members or			
	sociates of my law firm. A copy of the agreement impensation is attached.	i, together w	ith a list of the names of the people sharing in the
5. case, including:	In return for the above-disclosed fee, I have a	igreed to ren	der legal service for all aspects of the bankruptcy
a. Ana	lysis of the debtor's financial situation, and renden in bankruptcy;	ering advice	to the debtor in determining whether to file a
	paration and filing of any petition, schedules, stat resentation of the debtor at the meeting of creditors;		
d. [Otl Nego filing	ner provisions as needed]	ions as ne	
	By agreement with the debtor(s), the above-desentation of the debtors in any discharge actions or any other adversary proceeding	eability act	

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: August 23, 2017

Isl Jeffrey T. Morris
Jeffrey T. Morris 31010
ELLIOTT & DAVIS P.C.
425 First Ave.
Pittsburgh PA 15219